DECLARATION and POWER OF ATTORNEY

ORIGINAL
CONTINUATION
DIVISIONAL ORIGINAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed as 1 below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PHASE-CHANGE MEMORY DEVICE, the specification of which is attached hereto unless the following box is checked:

| Was filed on September 10, 2004 | as United States Application Number or PCT International Application Number 10/507,475

DATE

and was amended on

My residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations § 1.56(a). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

		er Title 35, United States Code, § 119 of any fo patent or inventor's certificate having a filing of PRIOR FOREIGN	late before that of the applicat			
	COUNTRY	APPLICATION NUMBER	DATE OF FILING Month Day Year	i	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
Japan		2002-102640	April 4, 2002		Yes	
this ap	plication is not disclosed in the prior	nited States Code, §120 of any United States United States application in the manner provious to patentability as defined in Title 37, Code tronal filing date of this application.	ded by the first paragraph of I	litle 35, United S	States Code § 112, I acknowledge the	
(Applic	ation Serial No.)	(Filing	Date)		(Stat	
	R OF ATTORNEY: As a named Invademark Office connected therewith	rentor, I hereby appoint the following attorney (.	s) and/or Agent(s) to prosecu	te this applicatio	n and transact all business in the Pater	
Send o	correspondence to:	☑ Customer Number 000026021	Hogan & Hartson L.L.P. 500 South Grand Avenue, St Los Angeles, California 9007	uite 1900 1	DIRECT TELEPHONE CALLS TO: Lawrence J. McClure 213-337-6700	
licase	Name of Inventor		Residence: CITY		STATE or COUNTRY	
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2	Name of Inventor		Residence: CITY		STATE or COUNTRY	
	Post Office Address		, , , , , , , , , , , , , , , , , , , ,		CITIZENSHI	
	Name of Inventor		Residence: CITY		STATE or COUNTRY	
3	Post Office Address				CITIZENSHI	
	Name of Inventor		Residence: CITY		STATE or COUNTRY	
4	Post Office Address				CITIZENSHI	
these s	tatements were made with the know	erein of my own knowledge are true and that vledge that willful false statements and the like h willful false statements may jeopardize the v	so made are punishable by f	ine or imprisonn	nent, or both, under Section 1001 of Tit	
these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereof SIGNATURE OF INVENTOR 1 DATE DATE DATE DATE						
DATE October 21,2004			DATE			
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